

Raymond Bailey

Died at ^{Town} Mt Vernon ^{County} Somerset MARYLAND

Date 1903 ^{Month} 7 ^{Day} 30 ^{Y.} ^{M.} ^{D.} Age 19 - - ^{Native of} ^{Occupation} Minor

Male ~~Female~~ ^{White} ~~Colored~~ ^{Married} ~~Single~~ ^{Widow} ~~Widower ^{Divorced} ~~Number of children living~~~~

Husband of _____

Wife

Father's Name Henry Bailey Mother's Maiden Name Sarah M Burs

Cause of Death { Primary drowning Immediate Strangulation 172 How long sick Accident, Suicide, Homicide

Reported by E M Parrish

Address Mt Vernon Somerset Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Missa Beauchamp</i>				CERTIFICATE OF DEATH			
	Died at <i>Dublin</i> ^{Town} <i>District</i> ^{County} <i>Somerset</i>				MARYLAND			
	Date of death 190 <i>8</i>		Month <i>July</i>		Day <i>5</i>		Years <i>43</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Morristown Co</i>		Months	
	Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
	Name of Wife or Husband <i>Mrs Beauchamp</i>							
	Father's Name <i>Francis Pusey</i>						Father's Birthplace <i>Morristown Co</i>	
	Mother's Maiden Name <i>Mary E Dykes</i>						Mother's Birthplace <i>" "</i>	
Name of person giving information <i>W A Cattan</i>						How related to deceased <i>Son in Law</i>		

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Bright's</i>		How long <i>six months</i>
	Immediate <i>Dropsy & Exhaustion</i>		How long
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samuel S Quinn</i>
			Address <i>Pawnee city Md</i>
	Accident or Suicide?		



Name
in
Full

William R. Boggs

CERTIFICATE OF DEATH

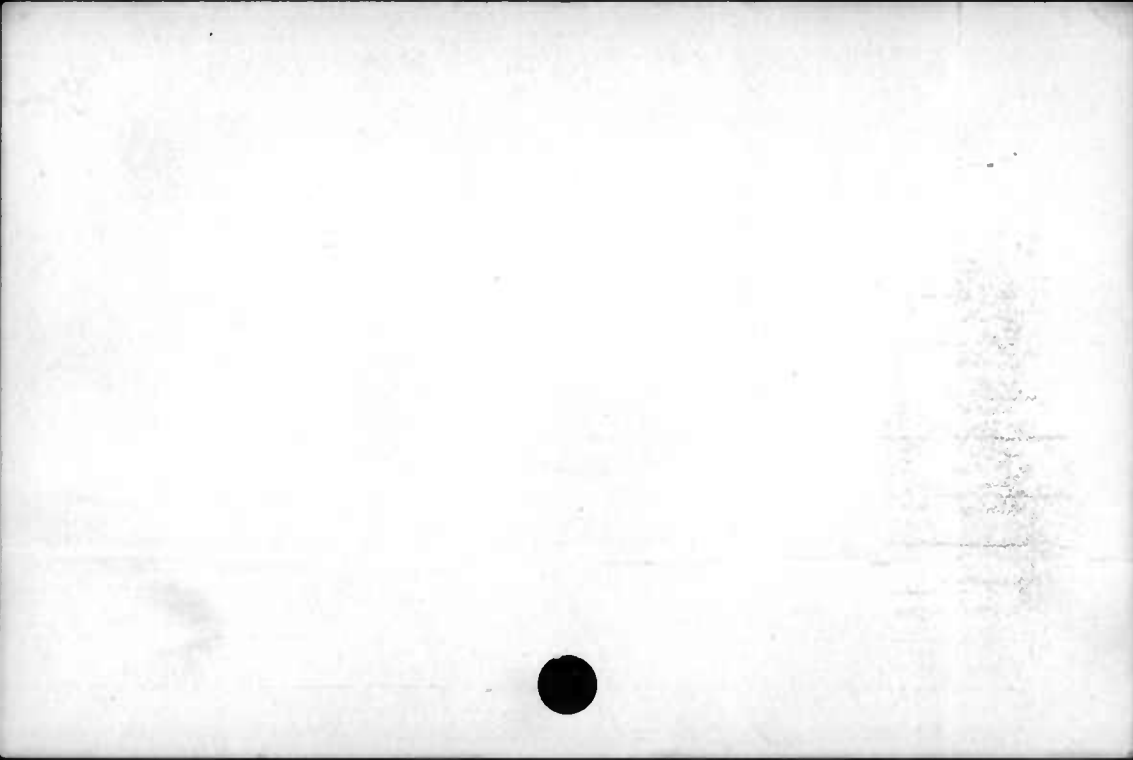
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Fairmount</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>22</i>	Age <i>77</i> ^{Years}	Months <i>—</i>	Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Dorchester Co</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Cysteman</i>		
Name of Wife or Husband <i>Mary E Boggs</i>					
Father's Name <i>Nathaniel Boggs</i>				Father's Birthplace <i>Na</i>	
Mother's Maiden Name <i>Maria Waters</i>				Mother's Birthplace <i>Dorchester Co</i>	
Name of person giving information <i>Francis Boggs</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease of Heart</i>	How long <i>about 2 years</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. E. Dickinson</i>
	Address <i>Upper Fairmount</i> <i>MD</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Child had no disease

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Vernon District</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>7</i>	Day	<i>22</i>
Age		<i>✓</i>	Years	Months	<i>✓</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>✓</i>		Occupation <i>✓</i>			
Name of Wife or Husband <i>✓</i>					
Father's Name <i>Frank Bone</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Betha Martin</i>			Mother's Birthplace <i>Nu Jersey</i>		
Name of person giving information <i>Frank Bone</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhus</i>	How long	<i>48 hrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. M. Wilson M.D.</i>	
		Address <i>Mt. Vernon Somerset Co.</i>	
<i>Accident or Suicide?</i>			

Loc. I. f. Bonito

William F Briddell

Town

County

Died at Princess Anne Somerset

MARYLAND

Date 1903

7 14

Age 45 - - -

Md Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of

~~Widow~~

Father's

Mother's

Name

F. A. Briddell

Maiden Name

Jane Powell

Cause of

Primary

Appendicitis -

How long sick

2 Days

Death

Immediate

Bacteria

118

~~Accident, Suicide, Homicide~~

Reported by

Chas. W. Wainwright

Address

Princess Anne Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Burr
 Died at ^{Town} Mt Vernon ^{County} Somerset MARYLAND

Date ~~190~~ 1903 ^{Month} 7 ^{Day} 10 ^{Y.} 1 ^{M.} 2 ^{D.} ^{Native of} Somerset ^{Occupation}
 Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ 105

Husband of

Wife

Father's Name Tom. Burr

Mother's Name Mary Ring

Cause of Death { Primary Bill Ruse

How long sick weeks

Death { Immediate

Accident, Suicide, Homicide

Reported by

C. M. Pashill & Bros

Address

Mt Vernon Somerset

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rachel Cone

Town

County

Died at

Princeton

Somerset Co

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

July 3

Age

97

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Benjamin Cone

Mother's

Maiden Name

Cause of

Primary

Old age

How long sick

8 months

Death

Immediate

Mary Ballard

Accident, Suicide, Homicide

Reported by

J. F. Harris Underclothes

Address

Princeton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wain

Name
in
Full

Betty Cornish

CERTIFICATE OF DEATH

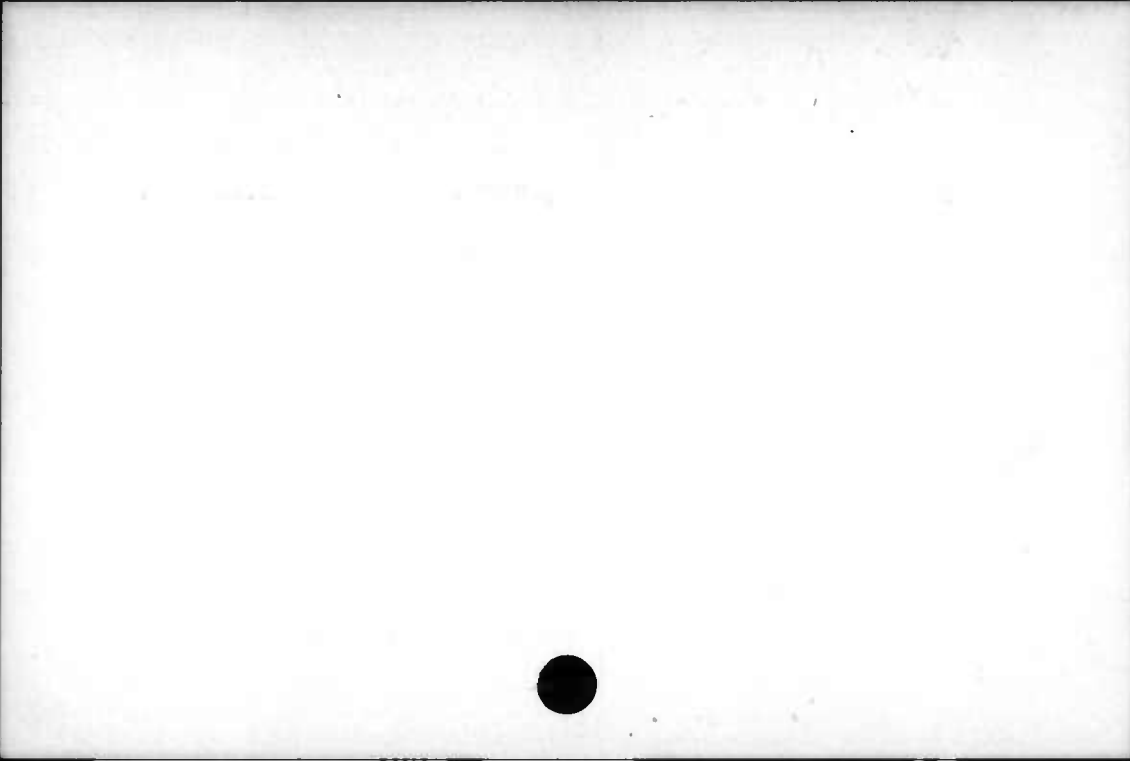
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near McLean</i>		County <i>Farmers-</i>		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>29</i>	Age <i>55</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>ind</i>		
Married Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Joe Cornish</i>			Father's Birthplace <i>ind</i>		
Mother's Maiden Name <i>Annie Wilson</i>			Mother's Birthplace <i>ind</i>		
Name of person giving information <i>Solomon C. C. C.</i>			How related to deceased <i>No</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Geo age</i>	How long <i>One week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. J. Smith M.D.</i>
	Address <i>McLean ind</i>
	<i>(Not in attendance)</i>
Accident or Suicide?	



Name
in
Full

Maria Ann Darby

CERTIFICATE OF DEATH

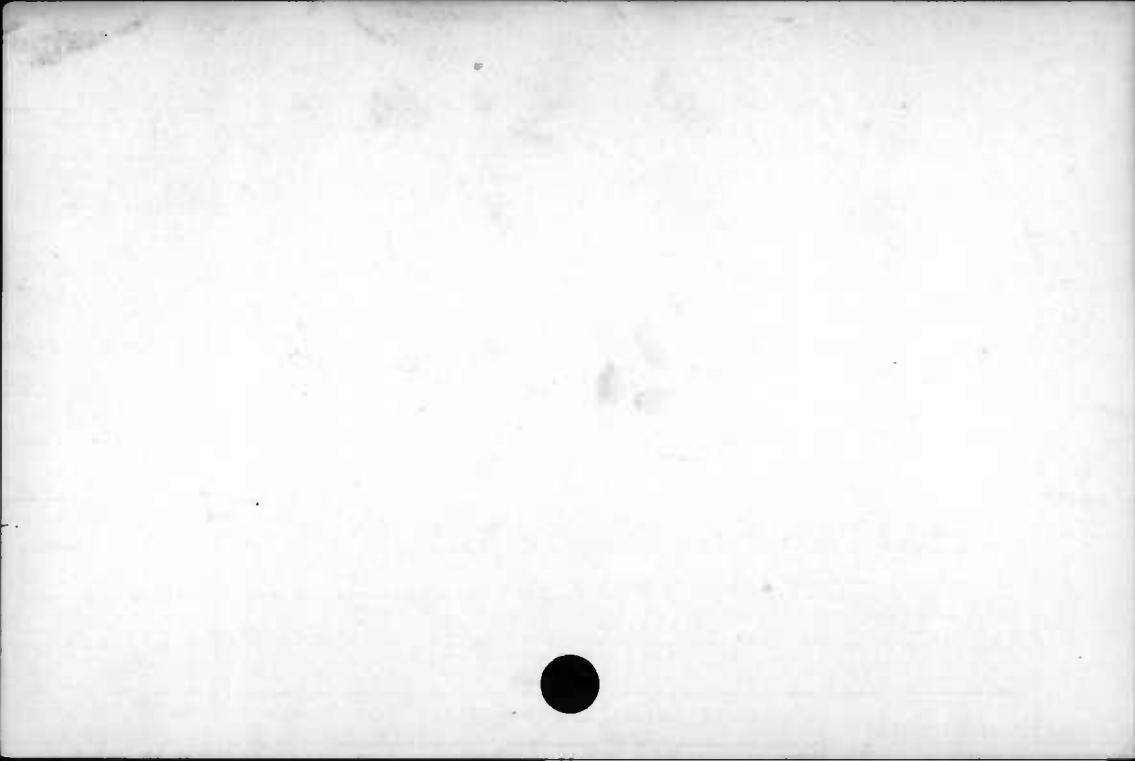
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 1903		July		1		Age 74	
Sex		Color or Race		Birth-place			
Female		White		Somerset Co.			
Married, Single or Widowed		Occupation					
married		Housewife					
Name of Wife or Husband							
Mr. Darby.							
Father's Name		76.		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		Mrs. Mathews		How related to deceased		Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Necrosis of Mastoid bone		2 yrs 8	
Immediate		How long	
Exhaustion		1 week	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		C. C. Parr.	
		Address	
		Orisfield	
Accident or Suicide?			



Name
in
Full

Daniel Elzy

CERTIFICATE OF DEATH

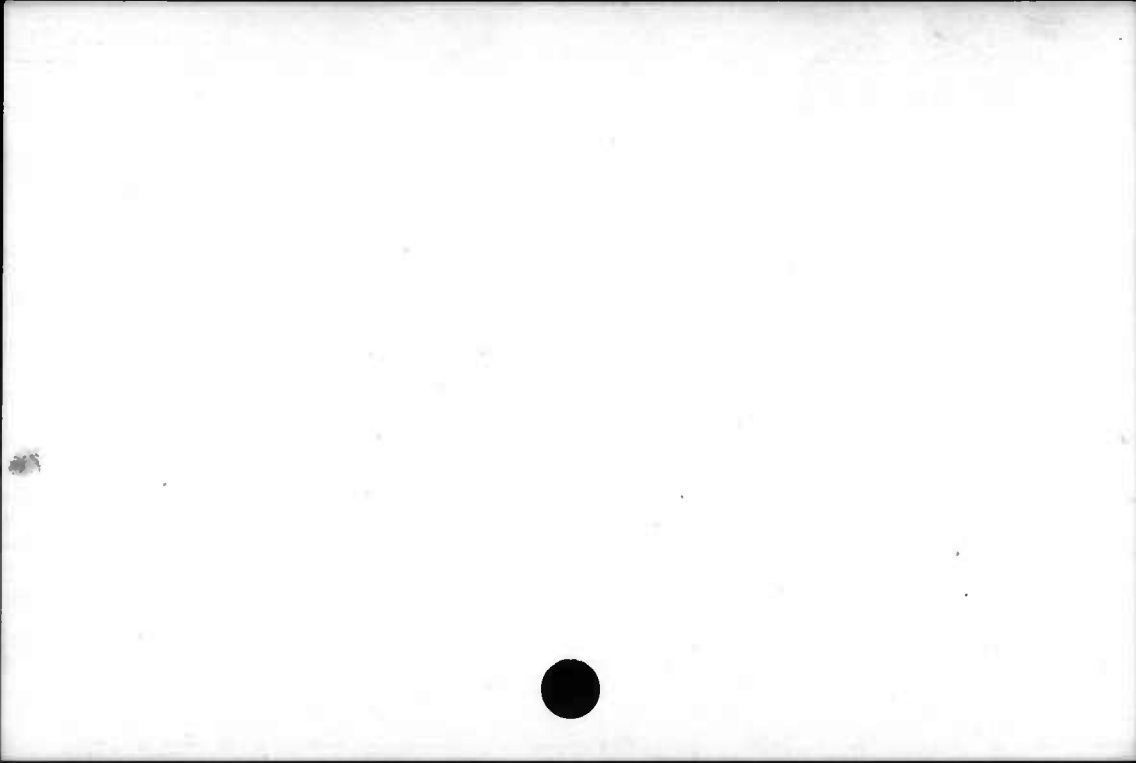
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Criske</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND		
Date of death 190	<u>3</u> ^{Month}	<u>July</u>	Day <u>30</u>	Age <u>94</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>male</u>	Color or Race <u>Black</u>		Birth- place <u>Ind</u>			
Married, Single or Widowed <u>married</u>			Occupation <u>none</u>			
Name of Wife Wife <u>Husband</u>						
Father's Name <u>—</u>			Father's Birthplace <u>—</u>			
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>			
Name of person giving in formation <u>Joseph Elzy</u>			How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Defferse nephritis</u>	How long	<u>3 yrs</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>R. H. Thayer M.D.</u>
<u>Yes</u>		Address	<u>Criske P.O. Ind</u>
Accident or Suicide?			



Name in Full

Certificate of Death

Sarah Fletcher

Died at *Kingston* Town *July 28 1903* County *West* MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 1903 *July 28* Age *80 years*
~~Male~~ White Married Widow Divorced
 Female Colored Singla Widower Number of children living *2*

Husband of *George Price*
 Wife *George Price*
 Father's Name *George R. Price* Mother's Name *Sarah R. Price*

Cause of Death { Primary *Cancer of the breast* Immediate
 How long sick *5 years*
 Accident, Suicide, Homicide

Reported by *A. W. Seixas*Address *Marion Station*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth Ford

CERTIFICATE OF DEATH

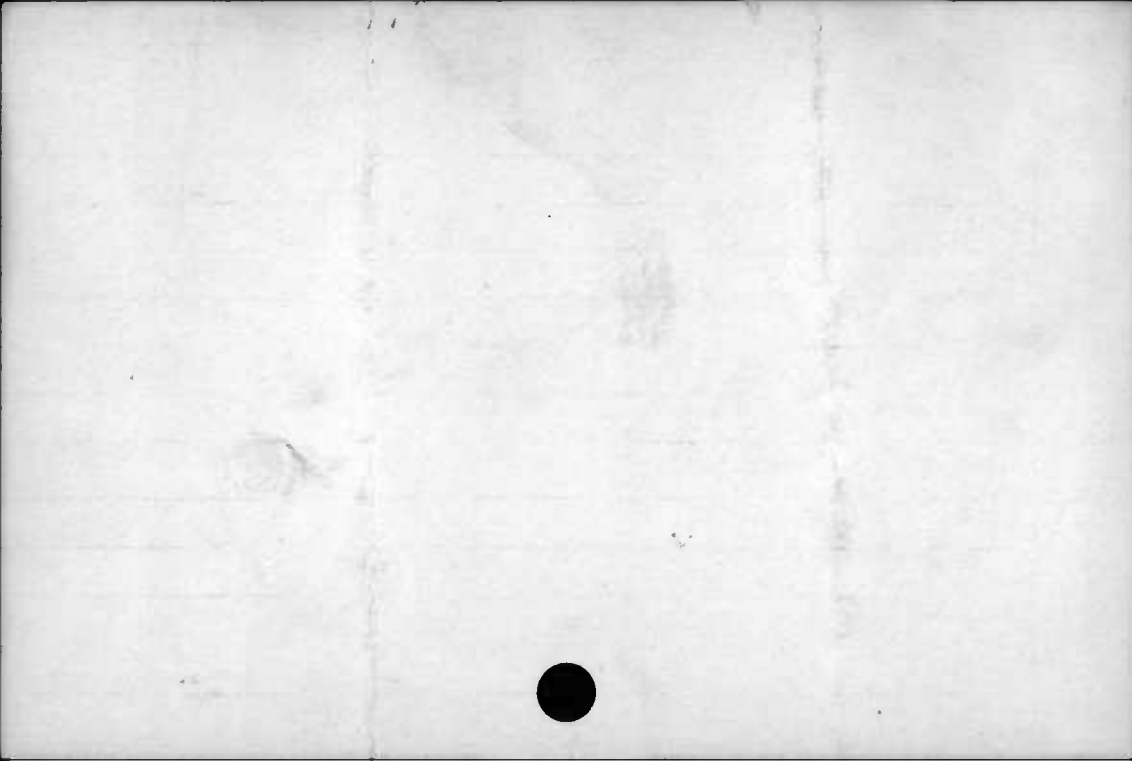
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Fairmount		Somerset		MARYLAND	
Date of death 1903		Month	July	Day	13	Age	66
Sex		Female		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Housewife	
Name of Wife or Husband		John H. Ford					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	3 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		G. E. Dickinson	
Address		Upper Fairmount Md	
Accident or Suicide?		no	



Name
in
Full

CERTIFICATE OF DEATH

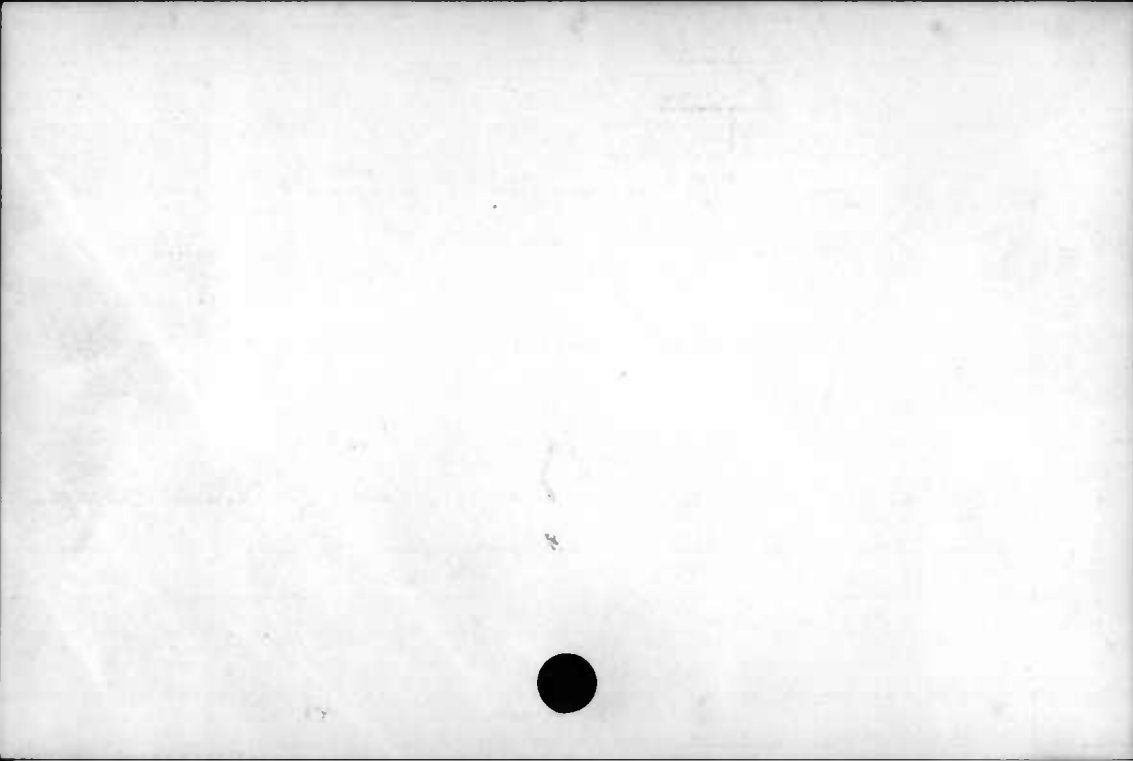
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1903	July	27	22				
Sex	Color or Race		Birth-place				
Female	White		Md				
Married, Single or Widowed			Occupation				
Married							
Name of Wife or Husband							
Father's Name				Father's Birthplace			
William Reames							
Mother's Maiden Name				Mother's Birthplace			
Alonzie Waller							
Name of person giving information				How related to deceased			
Tommasia Whitlock							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	1 mo
Immediate	Asthenia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		S. E. Skindley	
		Address	
		James 1/4	
Accident or Suicide?			



no name

JOHNSON

Died at

Town
Crisfield

County

Somerset

MARYLAND

Date 1903

Month Day

7 3

Age

Y. M. D.

- - 1

Native of

Md

Occupation

none

Female

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

And J. Johnson

Mother's

Maiden Name

Fannie E Horsey

Cause of

Primary

Premature birth

How long sick

-

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. F. Hall 151

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Male

White

Female

Colored

Single

Widower

Number of children living

MARYLAND

Husband of *Jennie Hayman Jones*

Father's Name *Robert Jones* Mother's Name *Matilda Jones*

Cause of Death { Primary *Apoplexy* Immediate *Asphyxia* } How long sick *2 hours.*

Reported by *M. St. G. Greenbrough*

Address *Princess Anne*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



17

Name
in
Full.

Sarah Jane Lawrence

CERTIFICATE OF DEATH

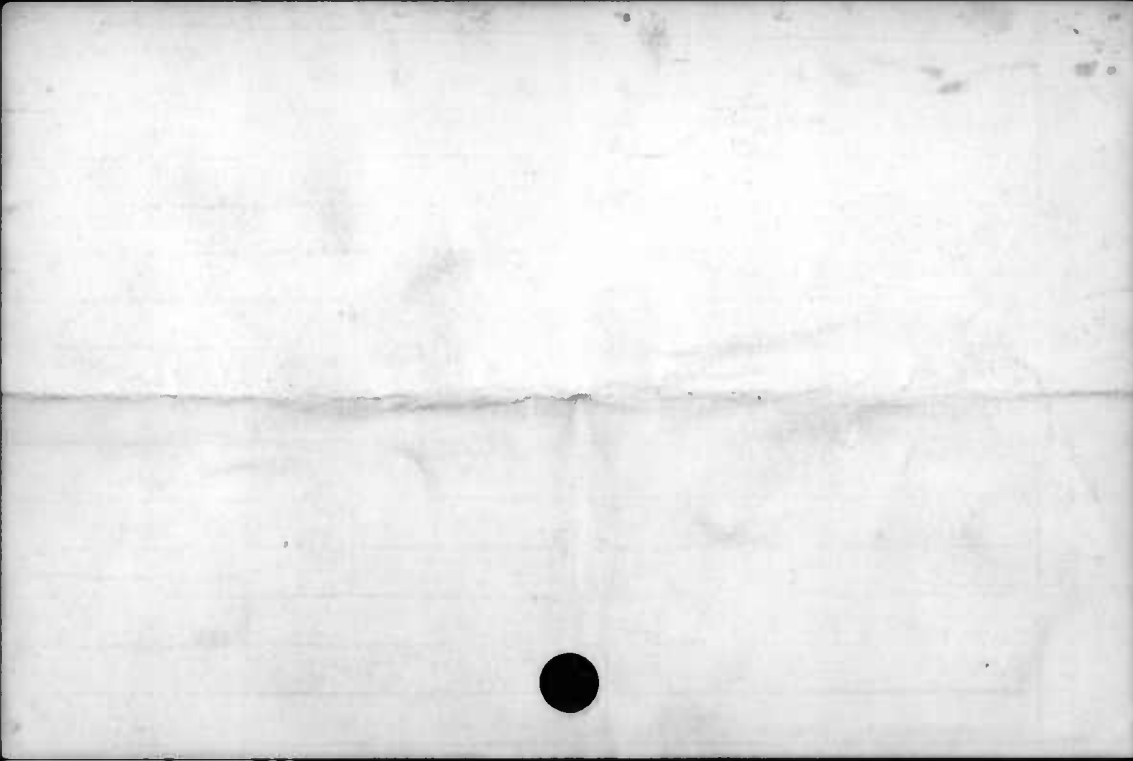
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thompson</i> Town		<i>Sevent</i> County		MARYLAND	
Date of death 190 <i>3</i> Month <i>July</i> Day <i>23</i> Age <i>67</i> Years	Months <i>1</i>		Days		
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Hamilton Ky</i>			
Married, Single or Widowed <i>None</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>William Lawrence</i>					
Father's Name <i>J. Franklin Minger</i>			Father's Birthplace <i>Copenhagen Ky</i>		
Mother's Maiden Name <i>Hannah Lister</i>			Mother's Birthplace <i>England</i>		
Name of person giving Information <i>John P. Lawrence</i>			How related to deceased <i>Son</i>		

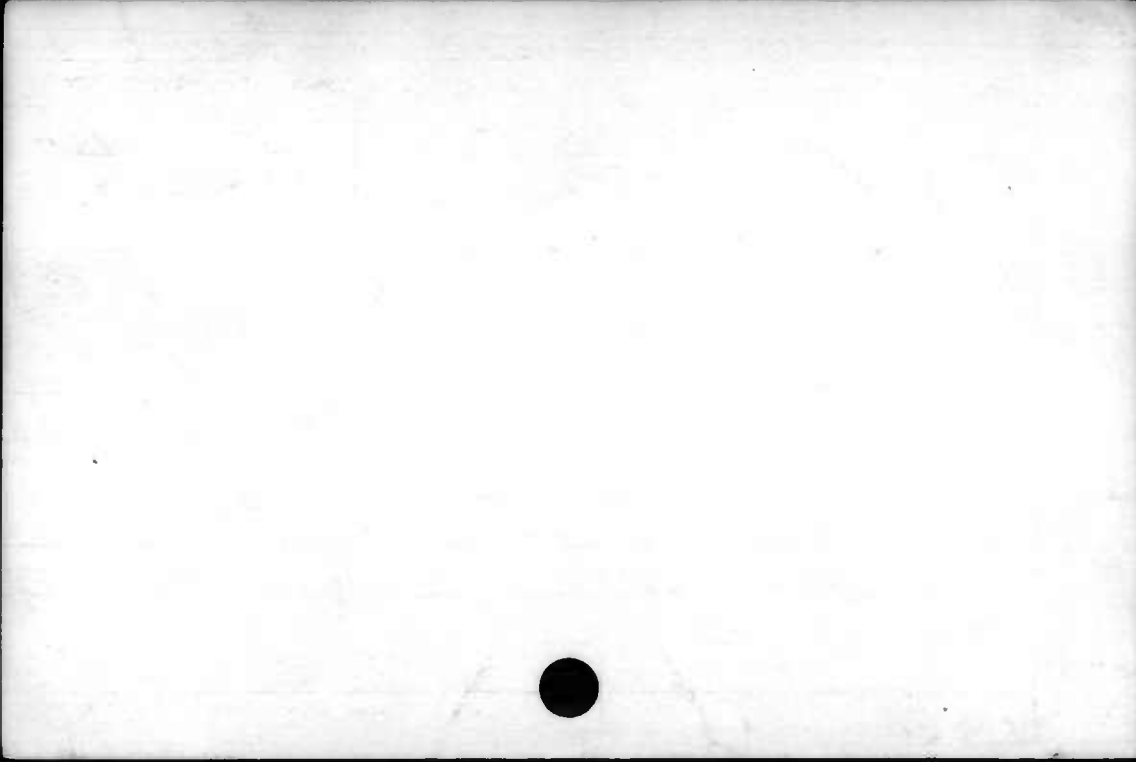
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infinites</i>	How long <i>120</i>	How long <i>Five years</i>
Immediate <i>Infinites + general debility</i>	How long <i>14</i>	<i>57</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. A. Adams M.D.</i>	
	Address <i>Riverside City Md</i>	
Accident or Suicide <i>None</i>		



Name in Full		MAY LIBERMAN						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Marion		County		Somerset		MARYLAND	
	Date of death 1903		Month July		Day 3		Age 5		Years Months Days 15	
	Sex Female		Color or Race White		Birth- place Pennsylvania					
	Married, Single or Widowed		Single		Occupation					
	Name of Wife or Husband									
	Father's Name		Isaac Lieberman				Father's Birthplace		Elkton Md.	
	Mother's Maiden Name		Frieda Kirsh				Mother's Birthplace		Germany	
Name of person giving In formation		Isaac Lieberman				How related to deceased		Father		
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Scarlatina Anginosa				How long		4 days	
	Immediate		Exhaustion				How long		6 hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		O. B. B. C. W. M. W.			
					Address		Marion Station Md.			
Accident or Suicide?										



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dublin Dist</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>July</i> ^{Month}	<i>26</i> ^{Day}	Age <i>46</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Worcester Co Ma</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Jennie Calorn</i>					
Father's Name <i>Robt Matthews</i>			Father's Birthplace <i>Worcester Co</i>		
Mother's Maiden Name <i>Amelia Henderson</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>J F Throngton</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Constriction of Colon</i>	How long <i>Many years</i>
Immediate <i>Exhaustion, Vomiting no food</i>	How long <i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel S. Quinn</i>
	Address <i>Proctor City Md</i>
Accident or Suicide?	



Mrs Kate McAllen

Town

County

Died at Princess Anne Somerset

MARYLAND

Date 1913 Aug - 29 Age 59 - Y. M. D. Native of Ind Occupation housewife

Male White Married Widow Divorced
Female Colored Single Widower Number of children living 3

Husband
of

Wife

Father's

Mother's

Name Maiden Name

Cause of { Primary uraemia 20 How long sick 10 days
 Death { Immediate Aschemia Accident, Suicide, Homicide

Reported by

W. W. Goldsberry Jr.
Princess Anne

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James Moore
 Town Marion County Somerset
 Died at MARYLAND

Date 1903 . 7 25 . Age 91 .
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3
 Occupation Farmer

Husband of T
 Wife

Father's Name Mother's Name
 Name Name

Cause of Death { Primary Senility .
 Immediate Heart Failure
 How long sick one day
 Accident, Suicide, Homicide

Reported by

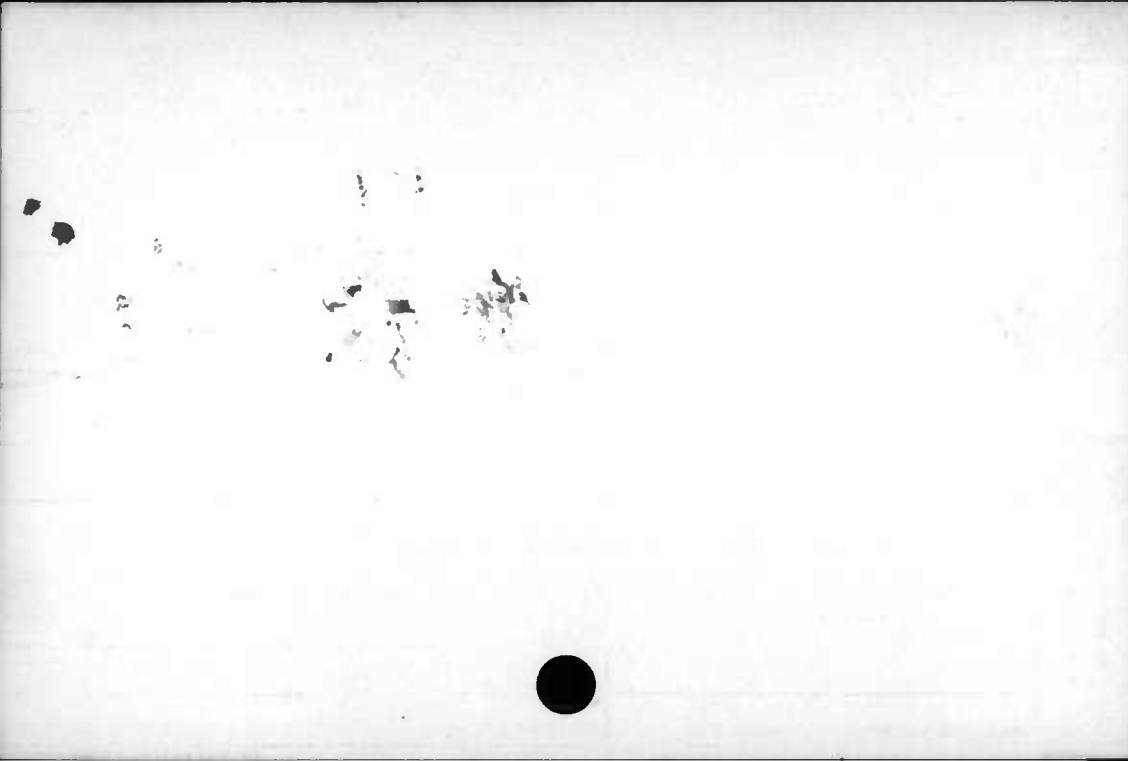
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full <i>Sarah Morgan</i>		Town <i>Shells Corner</i>		County <i>Somerset</i>		CERTIFICATE OF DEATH	
Died at		Date of death 1903		Age 63		MARYLAND	
Month <i>July</i>		Day <i>8</i>		Years <i>63</i>		Months <i></i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Somerset Co.</i>		Days <i></i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Wesley Morgan</i>							
Father's Name <i></i>				Father's Birthplace <i></i>			
Mother's Maiden Name <i></i>				Mother's Birthplace <i></i>			
Name of person giving information <i>Rev. Sam Ward</i>		<i>29</i>		How related to deceased <i>Pastor</i>			

CAUSES OF DEATH			
Primary <i>Tuberculosis of Colon</i>		How long <i>6 months</i>	
Immediate <i>Septic Poison</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. L. Ward</i>	
		Address <i>Crigfield</i>	
Accident or Suicide? <i>no</i>			



Name in Full

Certificate of Death

Mosher

Died at Lansfield ^{Town} Somerset ^{County} MARYLAND

Date 1903 ^{Month} 7 ^{Day} 18 ^{Y.} - ^{M.} 10 ^{D.} - ^{Native of} Lansfield ^{Occupation} _____

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
 Female ~~Colored~~ ^{Single} ~~Widower~~ ^{Number of children living} _____

Husband of _____
 Wife _____

Father's Name Julius Mosher ^{Mother's} Emma Cook
 Maiden Name _____

Cause of Death { ^{Primary} Bronchitis - Pneumonia ^{How long sick} 1 Week
 { ^{Immediate} _____ ^{Accident, Suicide, Homicide} _____

Reported by G. I. Simmons
 Address Lansfield, MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martha Ellen Mosher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crisfield</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>25</i>	Age	Months <i>10</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Crisfield</i>			
Married, Single or Widowed _____		Occupation _____			
Name of Wife or Husband _____					
Father's Name <i>Julius Mosher</i>			Father's Birthplace <i>Crisfield</i>		
Mother's Maiden Name <i>Emma B. Cook</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Julius Mosher Jr</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho-Pneumonia</i>	How long <i>1 Week</i>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. T. Simonson</i>
	Address <i>Crisfield. Md</i>
Accident or Suicide? _____	



Name
in
Full

Archie Parks

CERTIFICATE OF DEATH

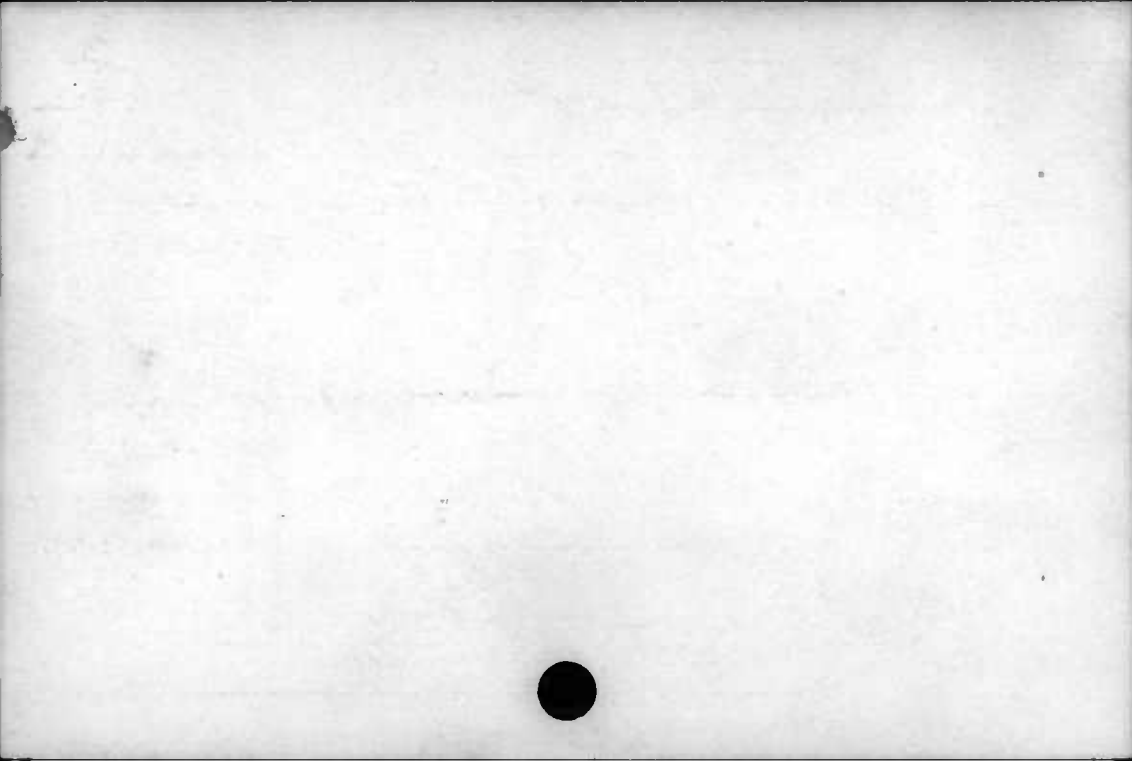
TO BE ANSWERED BY
NEAREST FRIEND

Died at: <i>Crisfield</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>3</i>	Age <i>13</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Crisfield</i>			
Married, Single or Widowed, <i>Single</i>		Occupation <i>School Girl</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mrs Ailesworth,</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Phthisis.</i>	How long <i>about 2 1/2 yrs.</i>
Immediate <i>Gastro Enteritis, Cardiac</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes-</i>	Signature of Physician <i>Wm J. Houlbourn,</i>
	Address <i>Crisfield, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Annie G. Biggin*
 Died at *New Windsor* Town *Towson* County *Towson*

MARYLAND

Date of death 1903 *July* Month *6* Day *3* Years *5* Months *—* Days *—*
 Sex *—* Color or Race *White* Birth-place *Cal.*

Married, Single or Widowed *married* Occupation *Housewife*

Name of Wife or Husband *Edmund G. Biggin*
 Father's Name *—*

Father's Birthplace

Mother's Maiden Name *—*

Mother's Birthplace

Name of person giving information *John A. Harrison*

How related to deceased

Yours

CAUSES OF DEATH

Primary *Hypertension*
 Immediate *14*

How long

How long

Are the name, age, sex, color, date and place correctly given above?

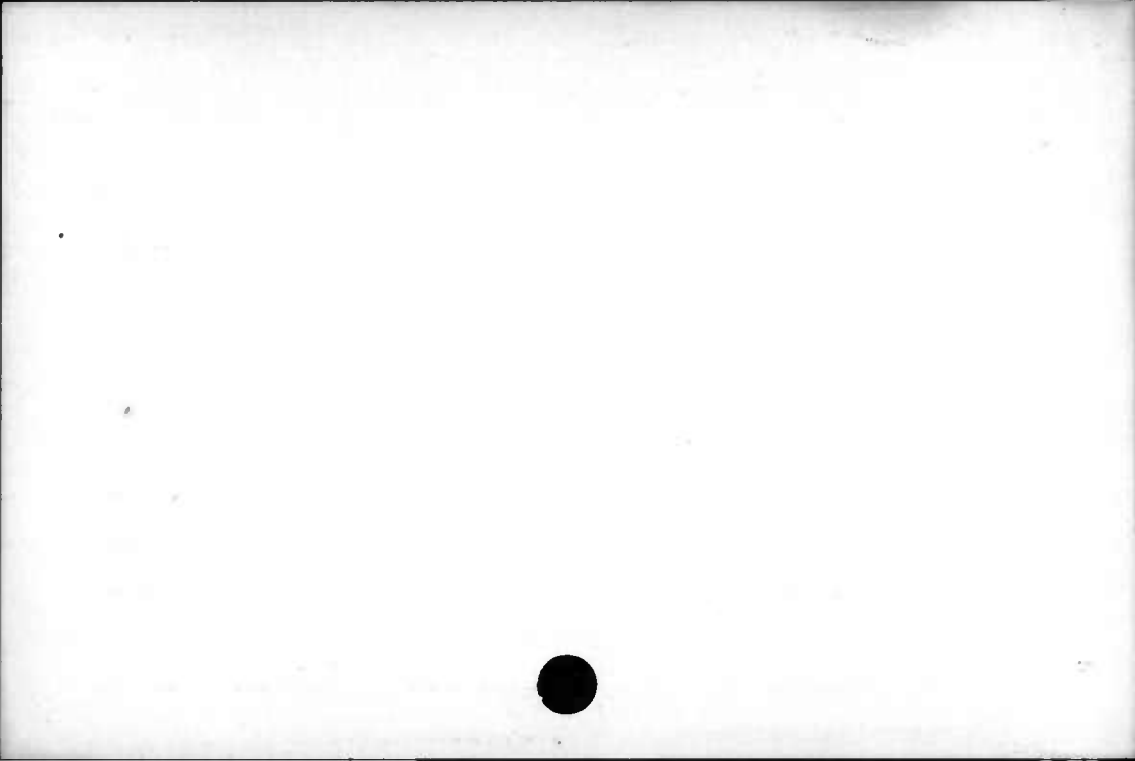
Signature of Physician

Address

P. J. Smith M.D.
Providence

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Charles W. Riggins

Town

County

MARYLAND

Died at Pocomoke

Somerset

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1913

July

12

Age 26

Maryland

Farmer

Male

White

Married

Widow

Single

Female

Colored

Single

Widower

Number of children living

Husband of

White

103

Father's

Mother's

Name

George W. Riggins

Maiden Name

Carylyn J. Adams

Cause of

Primary

Gastric ulcer

How long sick

12 months

Death

Immediate

Accident, Suicida, Homicida

Reported by

J. Fred, Adams M.D.

Address

Pocomoke City Md.

*Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

(~~#~~ 8) 7/14 '03
Good

Name in Full		Burnie Roberts				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Toll's Corner		County		MARYLAND	
	Date of death 190	3	Month	July	Day	3	Age
					Years	4	Months
							Days
	Sex	Male		Color or Race	Colored		Birth-place
							Toll's Corner Md
	Married, Single or Widowed			Occupation	none		
	Name of Wife or Husband						
	Father's Name	104 Samuel Roberts				Father's Birthplace	Marumaco Md
	Mother's Maiden Name	Rosie Whittington				Mother's Birthplace	Toll's Corner Md
	Name of person giving information	A. J. Wilson				How related to deceased	none
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Stomach trouble				How long	months one month
	Immediate	spasms				How long	immediately
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	J. H. White Minister
						Address	marion sta Md
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Lizzie Smith

Town

Crisfield

County

Somerset

MARYLAND

Date

of death 190

3

Month

July

25

Day

Age

Years

Months

Days

Sex

Female

Color or
Race

Black

Birth-
placeMarried, Single
or Widowed

Widow

Occupation

House work

Name of Wife or
HusbandFather's
Name

120

Father's
BirthplaceMother's
Maiden Name

Lizzie Heath

Mother's
BirthplaceName of person giving
In formation

By self before death

How related
to deceased

CAUSES OF DEATH

Primary

Nephritis - Semblig

How long

Immediate

Cardiac asthenia

How long

Are the name, age, sex, color, date
and place correctly given above?

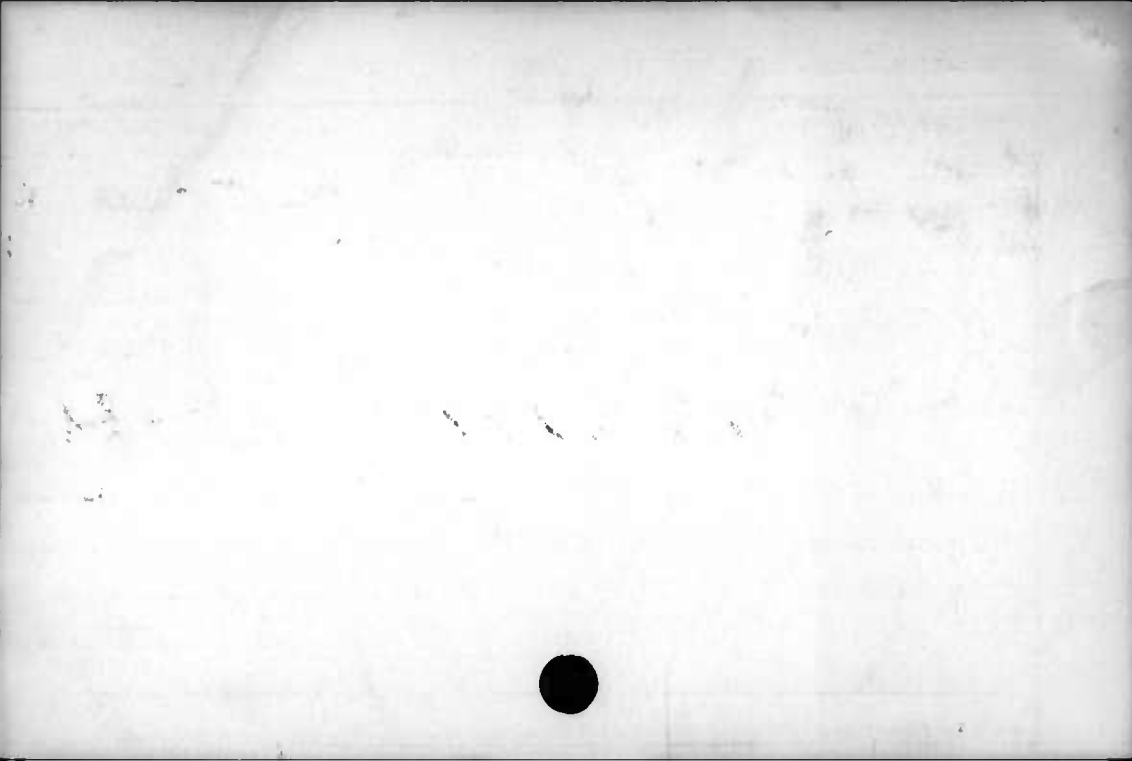
Yes -

Signature of
Physician

Address

Wm. H. Coulbourn
Crisfield Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James Quarter</i> ^{Town} <i>Somerset</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>July</i>	Day <i>3rd</i>	Age <i>7</i> Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Somerset Co.</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>	
Name of Wife or Husband <i>—</i>			
Father's Name <i>William White</i>		Father's Birthplace <i>Somerset Co.</i>	
Mother's Maiden Name <i>Alice Shores</i>		Mother's Birthplace <i>Somerset Co.</i>	
Name of person giving information <i>Alice White</i>		How related to deceased <i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Struck by Lightning</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>S. J. Windsor, M.D.</i>
		Address <i>James Quarter Somerset Co., Md.</i>
Accident or Suicide?		

Name
in
Full

Mary Louise White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chance</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>July</i>	Day <i>15-th</i>	Age <i>-</i>	Months <i>2</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Somerset Co</i>			
Married, Single or Widowed <i>-</i>		Occupation <i>-</i>			
Name of Wife or Husband <i>-</i>					
Father's Name <i>Wm White</i>			Father's Birthplace <i>Somerset</i>		
Mother's Maiden Name <i>Clementine Piggins</i>			Mother's Birthplace <i>Somerset Co</i>		
Name of person giving information <i>Clementine White</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Worms 105</i>	How long <i>1 mo.</i>
Immediate <i>Indigestion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. J. Windsor, M.D.</i>
	Address <i>Somerset Co.</i>
Accident or Suicide?	



Wm. P. Winter

Died at Not Vernon Somerset Co a MARYLAND
 Town County
 Date 1903 July 10 10 62 Ind retired.
 Year Month Day Y. M. D. Native of Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living three

Husband Not VernonWife Not VernonFather's Not VernonName Not VernonMother's Not VernonName Not Vernon

Cause of { Primary Senile Dementia How long sick 6 months
 Death { Immediate Apoplexy 14
 Accident Spinal Cord

Reported by Dr. J. W. WilsonAddress Not Vernon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

